

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## **RECEIVED**

OCT 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stuart D. Trachy				
II. Name of lobbyist's partnershi	o, firm or corporation, if a	nny:		
(Name of partners	hip, firm or corporation)			
Two Eagle Square, Suite 300	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) 520 0922 (603)		a-ail strachu@aal aa	email_strachy@aol.com	
(603) 520-0822 (Telephone)	(Fax)	eman <u>suachy@aor.co</u>	<u>'1111</u>	
•	urring in the months prior to	to any one client).  the reporting date relative to the	following client:	
Coalition of NH Chain Drug	<u>Stores</u> Name of Client as it annear	s on the Lobbyist Registration Fo		
unrelated to any particular client.  IV. Date of Report April 25, Reports cover: activity from date	2018 ☐ of registration to 3/31/18 1, 2018 ☑	July 25, 2018 activity from 4/1/18 to 6/30/16  January 30, 2019 activity from 10/1/18 to 12/3	8	
V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.				
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed expen	must file Addendum A- Fees and ses, you must file Addendum B-contributions, you must file Adden	Report of Honorariums or	
(Bigilater of 1000) too	RSA 664 and hereby swea	r or affirm that the foregoing info	/	
Stuart D. Trachy				